|  |   |                                 |                  |              |          |               |                  |                   | 10667823                     |               |                               |                     |               |  |  |
|--|---|---------------------------------|------------------|--------------|----------|---------------|------------------|-------------------|------------------------------|---------------|-------------------------------|---------------------|---------------|--|--|
|  |   |                                 |                  |              |          |               |                  |                   | Application or Docket Number |               |                               |                     |               |  |  |
|  | PATENT APPLICATION FEE DETERMINATION RECOR  |                                 |                  |              |          |               |                  |                   |                              |               |                               | •                   |               |  |  |
| Effective January 1, 2003  |   |                                 |                  |              |          |               |                  |                   |                              | 10524-0140-01 |                               |                     |               |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |   |                                 |                  |              |          |               |                  | SMALL ENTITY TYPE |                              |               | OTHER THAN<br>OR SMALL ENTITY |                     |               |  |  |
| TOTAL CLAIMS   |   |                                 |                  | 9            |          |               |                  |                   | ITE                          | FEE           |                               | RATE                | FEE           |  |  |
| FOR .  |   |                                 |                  | NUMBER FILED |          | NUMBER EXTRA  |                  | BAS               | C FEE                        | 375.00        | OR                            | BASIC FEE           | 750.00        |  |  |
| TOTAL CHARGEABLE CLAIMS  |   |                                 |                  | 9 minus 20-  |          | • 6           |                  | X\$ 9=            |                              |               | OR                            | X\$18=              |               |  |  |
| INDEPENDENT CLAIMS   |   |                                 |                  | minus 3 =    |          | • •           |                  | X42=              |                              |               | OR                            | X84=                | 7 - 4         |  |  |
| MU   | LTIPLE DEPEN  | DENT                            | CLAIM PF         | RESENT       |          |               |                  | +140=             |                              | OR            | +280=                         |                     |               |  |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2             |   |                                 |                  |              |          |               |                  | TOTAL             |                              | -             |                               | TOTAL               | 750           |  |  |
|  |   |                                 |                  |              |          |               |                  |                   | IAL                          |               | OR                            |                     |               |  |  |
| CLAIMS AS AMENDED - PART II 4115 05 (Column 1) (Column 2) (Column 3)                 |   |                                 |                  |              |          |               |                  |                   | ALL                          | ENTITY        | OR                            | OTHER<br>SMALL      |               |  |  |
|  |   | CLAIMS<br>REMAINENG             |                  |              | HIGHEST  |               | PRESENT          |                   |                              | ADDI-         |                               |                     | ADDI-         |  |  |
|  |   |                                 | FTER<br>NOMENT   |              |          | ously<br>For  | EXTRA            | RATE              |                              | TIONAL<br>FEE |                               | RATE                | TIONAL<br>FEE |  |  |
| AWENDMENTA   | Total   | •                               | 9                | Minus        | -2       | (0 - 1        |                  | X                 | 8=                           |               | OR                            | X\$18=              |               |  |  |
| ş  | Independent   |                                 | <u>2</u>         | Minus        | <u>۔</u> | <u>5</u>      |                  | ×                 | 12-                          |               | OR                            | X84=                |               |  |  |
| Ч  | FIRST PRESE   | NIAI                            | ON OF M          | JUNE 08      | ENUEN    | CLAIM         | لللت             | +1                | 40 <del></del>               |               | OR                            | +280=               |               |  |  |
|  | , 1/  |                                 |                  |              |          |               |                  |                   | TOTAL                        |               | OR                            | YOTAL               |               |  |  |
| 9/29/Dicotumn 1) (Column 2) (Column 3)   |   |                                 |                  |              |          |               |                  |                   | T, FEE                       | <u> </u>      | 10                            | ADDIT, FEE          |               |  |  |
|  |   |                                 | LAIMS            |              | PIG      | EST           |                  |                   |                              | ADDI-         | 1                             |                     | ADDI-         |  |  |
|  |   | REMAINING<br>AFTER<br>AMENDMENT |                  |              |          | BER'<br>OUSLY | PRESENT          | RATE              | ATE                          | TIONAL        |                               | PATE                | TIONAL        |  |  |
|  |   |                                 |                  |              | PAID     | FOR           |                  | <b> </b>          |                              | FEE           | ł                             |                     | FEE           |  |  |
| AMENDMENT B  | Total   | <u>.</u>                        | <u> </u>         | Minus        | • 0      | 10            | -4               | ×                 | 9-                           |               | OF                            | -X\$18=             | ·             |  |  |
| \\   | Independent   | MTAT                            | ON OF M          | Minus        | SENDEN   | T CI AIM      | - /              | ×                 | 42=                          |               | ОЯ                            | X84=                |               |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                                 |                  |              |          |               |                  |                   | <b>30=</b>                   | 1             | OR                            | +280=               |               |  |  |
| 1-2 1+ += 28,29,   |   |                                 |                  |              |          |               |                  |                   | TOTAL                        |               | OR                            | TOTAL<br>ADOIT, FEE |               |  |  |
| 1-   | 25-06   |                                 | dumn 1)          |              |          | mn 2)         | (Column 3)       | 7001              | 1.766                        |               |                               |                     |               |  |  |
| 1  |   |                                 | <b>CAURS</b>     |              | RUG      | REST          |                  |                   |                              | ADDI-         | 1                             |                     | ADDI-         |  |  |
| E  |   |                                 | MAINING<br>AFTER |              | PREV     | EER<br>OUSLY  | PRESENT<br>EXTRA | R                 | ATE                          | TIONAL        |                               | RATE                | TIONAL        |  |  |
| I  | Total   | ABAI                            | ENDMENT          | Miras        | PAR      | POR<br>10     | - 0              |                   |                              | FEE           |                               |                     | FEE           |  |  |
| AMENDMENT C  | Independent   | <del>-</del>                    | 10               | Minus        | - 0      | 2             | * 0              | ×                 | 9=                           | <u> </u>      | OR                            | F                   | <b></b> _     |  |  |
| 12   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |                  |              |          |               |                  | X                 | 12=                          | /             | OA                            | X84=                | <u> </u>      |  |  |
| * If the entry in column 1 is less than the color in column 2 write "V" in column 3. |   |                                 |                  |              |          |               |                  |                   | +140m                        |               | OR                            | +280=               |               |  |  |
| -  | "If the Highest Number Previously Pald For' RI THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Pald For' RI THIS SPACE is less than 20, enter "20." |                                 |                  |              |          |               |                  |                   |                              |               | OR                            | TOTAL<br>ADDIT, FEE |               |  |  |
| 1 "  | The Täghesi No<br>The Täghesi Nur   |                                 |                  |              |          |               |                  |                   | T. FEE                       |               | x in a                        |                     |               |  |  |
|  |   |                                 | Y (1)            |              |          |               |                  |                   |                              |               |                               |                     |               |  |  |